

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT** ▼Example: If typing, type  
over the lines

The Hawkeye PAC

ADDRESS (number and street)  
▼

PO Box 7255

☐Check if different  
than previously  
reported. (ACC)

Des Moines

IA

50309

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00379479

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☒July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2007

through

06

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Gina Noll

Signature of Treasurer

Electronically Filed by Gina Noll

Date

07

31

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
The Hawkeye PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		49581.39
(b) Cash on Hand at Beginning of Reporting Period .....	49581.39	
(c) Total Receipts (from Line 19) .....	62650.00	62650.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	112231.39	112231.39
7. Total Disbursements (from Line 31) .....	69276.24	69276.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	42955.15	42955.15
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

The Hawkeye PAC

Report Covering the Period:

From:

M M  
0 1D D  
0 1Y Y Y Y  
2 0 0 7

To:

M M  
0 6D D  
3 0Y Y Y Y  
2 0 0 7

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	4650.00	4650.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	4650.00	4650.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	0.00	0.00
(b) Political Party Committees .....	58000.00	58000.00
(c) Other Political Committees (such as PACs) .....	62650.00	62650.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	62650.00	62650.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	62650.00	62650.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		21526.24	21526.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		21526.24	21526.24
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		48000.00	48000.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees .....		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		-250.00	-250.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		69276.24	69276.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		69276.24	69276.24

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	62650.00	62650.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	62650.00	62650.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	21526.24	21526.24
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	21526.24	21526.24

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 20

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

Full Name (Last, First, Middle Initial)

**A.** American Hospital Assoc PAC

Mailing Address 325 Seventh Street Nw  
Suite 700

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C** C00106146

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 6 / 2 0 0 7

Transaction ID: 70703.C1175

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

**B.** American Optometric Association PAC

Mailing Address 1505 Prince Street  
Suite 300

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing  
federal political committee.

**C** C00024968

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 2 / 2 0 0 7

Transaction ID: 70703.C1170

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

**C.** American Physical Therapy Association

Mailing Address Physical Therapy PAC  
1111 N. Fairfax Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing  
federal political committee.

**C** C00012880

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 2 / 2 0 0 7

Transaction ID: 70703.C1169

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 20

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

A. Full Name (Last, First, Middle Initial)  
American Podiatric Medical Association

Mailing Address Inc. Podiatry PAC  
9312 Old Georgetown Road

City State Zip Code  
Bethesda MD 20814

FEC ID number of contributing  
federal political committee. **C** C00008839

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 0 6 / 2 0 0 7

Transaction ID: 70703.C1168

Amount of Each Receipt this Period

5000.00

Receipt

B. Full Name (Last, First, Middle Initial)  
Build PAC of Ntl Assoc of Home Builders

Mailing Address 1201 15th St NW

City State Zip Code  
Washington DC 20005-2800

FEC ID number of contributing  
federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 2 / 2 0 0 7

Transaction ID: 70703.C1171

Amount of Each Receipt this Period

5000.00

Receipt

C. Full Name (Last, First, Middle Initial)  
FirstEnergy PAC

Mailing Address 76 S Main Street

City State Zip Code  
Akron OH 44308-1890

FEC ID number of contributing  
federal political committee. **C** C00140855

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 0 7

Transaction ID: 70703.C1173

Amount of Each Receipt this Period

500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

10500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 20

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

**A.** Full Name (Last, First, Middle Initial)  
Florida Power & Light Co. Employees PAC

Mailing Address 700 Universe Blvd.  
PO Box 14000

City State Zip Code  
Juno Beach FL 33408

FEC ID number of contributing  
federal political committee. **C** C00064774

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 5 / 2 0 0 7

Transaction ID: 70703.C1165

Amount of Each Receipt this Period

5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Metlife Inc. Employees Political

Mailing Address Participation Fund A  
27-01 Queens Plaza North

City State Zip Code  
Long Island City NY 11101

FEC ID number of contributing  
federal political committee. **C** C00040923

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 0 / 2 0 0 7

Transaction ID: 70703.C1167

Amount of Each Receipt this Period

5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Mortgage Bankers Assoc. Of America PAC

Mailing Address 1919 Pennsylvania Avenue NW  
8th Floor

City State Zip Code  
Washington DC 20006

FEC ID number of contributing  
federal political committee. **C** C00004812

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 1 2 / 2 0 0 7

Transaction ID: 70703.C1172

Amount of Each Receipt this Period

2500.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

12500.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 20

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

## **A.** Full Name (Last, First, Middle Initial) Mutual Of Omaha Companies PAC (IMPAC)

Mailing Address Mutual Of Omaha Plaza

City State Zip Code  
 Omaha NE 68175

FEC ID number of contributing federal political committee.

C C00094581

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: 70703.C1161

Amount of Each Receipt this Period

2000.00

Receipt

## **B.** Full Name (Last, First, Middle Initial) Mutual Of Omaha Companies PAC (IMPAC)

Mailing Address Mutual Of Omaha Plaza

City State Zip Code  
 Omaha NE 68175

FEC ID number of contributing federal political committee.

C C00094581

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 8 / 2 0 0 7

Transaction ID: 70726.C1176

Amount of Each Receipt this Period

3000.00

Receipt

## **C.** Full Name (Last, First, Middle Initial) National Academy Of Elder Law Attorneys

Mailing Address Senior Rights PAC  
1604 N Country Club Rd

City State Zip Code  
 Tucson AZ 85716

FEC ID number of contributing federal political committee.

C C00393553

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 6 / 2 6 / 2 0 0 7

Transaction ID: 70703.C1174

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional) .....

10000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 20

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

**A.** Full Name (Last, First, Middle Initial)

New York Life Insurance Co. PAC

Mailing Address 51 Madison Ave.  
Room 1109

City State Zip Code  
New York NY 10010

FEC ID number of contributing  
federal political committee.

**C** C00158881

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 0 / 2 0 0 7

Transaction ID: 70703.C1166

Amount of Each Receipt this Period

5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)

Seniors Housing PAC

Mailing Address 5100 Wisconsin Avenue Nw #307

City State Zip Code  
Washington DC 20016

FEC ID number of contributing  
federal political committee.

**C** C00325332

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: 70703.C1163

Amount of Each Receipt this Period

5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

58000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Robert Dole			Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7	
Mailing Address 700 New Hampshire Ave Nw			<b>Transaction ID:</b> 70703.C1162	
City State Zip Code Washington DC 20037		Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C		Receipt		
Name of Employer Verner, Liipfert, Bernhardt...		Occupation Special Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Kathleen Clark Kies			Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 7	
Mailing Address 6109 Franklin Park Road			<b>Transaction ID:</b> 70703.C1160	
City State Zip Code Mc Lean VA 22101		Amount of Each Receipt this Period 2150.00		
FEC ID number of contributing federal political committee. C		Receipt		
Name of Employer Clark Consulting		Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2150.00		

**SUBTOTAL** of Receipts This Page (optional) .....

4650.00

**TOTAL** This Period (last page this line number only) .....

4650.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 20

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

Full Name (Last, First, Middle Initial)

**A.** Nicole Gustafson

Mailing Address 2000 South Eads Street

City State Zip Code  
Arlington VA 22202-

Purpose of Disbursement  
MILEAGE/AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70703.E499

Date of Disbursement

/   /

Amount of Each Disbursement this Period

856.54

MILEAGE/AIRFARE

Full Name (Last, First, Middle Initial)

**B.** Aristotle International

Mailing Address 205 Pennsylvania Ave Se

City State Zip Code  
Washington DC 20003-

Purpose of Disbursement  
SOFTWARE SUPPORT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70731.E511

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2400.00

SOFTWARE SUPPORT

Full Name (Last, First, Middle Initial)

**C.** Capital Knowledge Consulting

Mailing Address PO Box 7255

City State Zip Code  
Des Moines IA 50309-

Purpose of Disbursement  
BOOKKEEPING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 70703.E498

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2100.00

BOOKKEEPING

**SUBTOTAL** of Disbursements This Page (optional) .....

5356.54

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

Full Name (Last, First, Middle Initial)

## **A.** Capital Knowledge Consulting

Mailing Address PO Box 7255

City  
Des Moines

State  
IA

Zip Code  
50309-

Purpose of Disbursement  
BOOKKEEPING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70731.E507

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1893.75

BOOKKEEPING

Full Name (Last, First, Middle Initial)

## **B.** Capital Knowledge Consulting

Mailing Address PO Box 7255

City  
Des Moines

State  
IA

Zip Code  
50309-

Purpose of Disbursement  
BOOKKEEPING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70731.E508

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1275.00

BOOKKEEPING

Full Name (Last, First, Middle Initial)

## **C.** Capital Knowledge Consulting

Mailing Address PO Box 7255

City  
Des Moines

State  
IA

Zip Code  
50309-

Purpose of Disbursement  
BOOKKEEPING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70731.E509

Date of Disbursement

/   /

Amount of Each Disbursement this Period

337.50

BOOKKEEPING

**SUBTOTAL** of Disbursements This Page (optional) .....

3506.25

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

Full Name (Last, First, Middle Initial)

## **A. Capital Knowledge Consulting**

Mailing Address PO Box 7255

City Des Moines State IA Zip Code 50309-

Purpose of Disbursement  
BOOKKEEPING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70731.E510

Date of Disbursement

/   /

Amount of Each Disbursement this Period

412.50

BOOKKEEPING

Full Name (Last, First, Middle Initial)

## **B. Hoffman Consulting**

Mailing Address 3905 Sylvian Avenue

City Sioux City State IA Zip Code 51104-1325

Purpose of Disbursement  
FUNDRAISING FEE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70703.E501

Date of Disbursement

/   /

Amount of Each Disbursement this Period

11000.00

FUNDRAISING FEE

Full Name (Last, First, Middle Initial)

## **C. Limited Brands, Inc.**

Mailing Address 3 Limited Parkway

City Columbus State OH Zip Code 43230-

Purpose of Disbursement  
REPLACE AIRFARE REIMBURSEMENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70731.E506

Date of Disbursement

/   /

Amount of Each Disbursement this Period

685.20

REPLACE AIRFARE REIMBURSE-  
MENT

**SUBTOTAL** of Disbursements This Page (optional) .....

12097.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Hawkeye PAC

Full Name (Last, First, Middle Initial)

**A.** The Monocle

Mailing Address 107 D Street, Ne

City  
Washington

State  
DC

Zip Code  
20002-

Purpose of Disbursement  
MEALS FOR PAC FUNDRAISING EVENT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70731.E514

Date of Disbursement

/   /

Amount of Each Disbursement this Period

808.00

MEALS FOR PAC FUNDRAISING  
EVENT

Full Name (Last, First, Middle Initial)

**B.** Winifreds Catering

Mailing Address

City

State

Zip Code  
-

Purpose of Disbursement  
CATERING MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70703.E503

Date of Disbursement

/   /

Amount of Each Disbursement this Period

333.38

CATERING MEALS

**SUBTOTAL** of Disbursements This Page (optional) .....

1141.38

**TOTAL** This Period (last page this line number only) .....

22101.87

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

Full Name (Last, First, Middle Initial)

**A.** Coleman for Senate 08

Mailing Address 7300 Hudson blvd, Ste 270A

City Saint Paul State MN Zip Code 55128-

Purpose of Disbursement  
PRIMARY 08

Candidate Name  
NORM COLEMAN

Office Sought: ☐ House  
☒ Senate  
☐ President

State: MN District: 00

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: 70731.E521

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

PRIMARY 08

Full Name (Last, First, Middle Initial)

**B.** Coleman for Senate 08

Mailing Address 7300 Hudson blvd, Ste 270A

City Saint Paul State MN Zip Code 55128-

Purpose of Disbursement  
PRIMARY 08

Candidate Name  
NORM COLEMAN

Office Sought: ☐ House  
☒ Senate  
☐ President

State: MN District: 00

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: 70731.E512

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3000.00

PRIMARY 08

Full Name (Last, First, Middle Initial)

**C.** Collins for Senator

Mailing Address PO Box 1096

City Bangor State ME Zip Code 04402-

Purpose of Disbursement  
PRIMARY 08

Candidate Name  
SUSAN M COLLINS

Office Sought: ☐ House  
☒ Senate  
☐ President

State: ME District: 00

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Transaction ID: 70731.E517

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

PRIMARY 08

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

<b>A. Collins for Senator</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1096 City Bangor State ME Zip Code 04402- Purpose of Disbursement VOID Candidate Name SUSAN M COLLINS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 70731.E520</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7 Amount of Each Disbursement this Period 0.00 VOID
<b>B. People for Domenici</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 93656 City Albuquerque State NM Zip Code 87199- Purpose of Disbursement PRIMARY 08 Candidate Name PETE V DOMENICI Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 70731.E515</b> Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 7 Amount of Each Disbursement this Period 2000.00 PRIMARY 08
<b>C. Lindsey Graham for Senate</b> Full Name (Last, First, Middle Initial) Mailing Address Po Box 1801 City Columbia State SC Zip Code 29202- Purpose of Disbursement PRIMARY 08 Candidate Name LINDSEY OLIN GRAHAM Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 70731.E523</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7 Amount of Each Disbursement this Period 2000.00 PRIMARY 08
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		4000.00
<b>TOTAL</b> This Period (last page this line number only) .....		

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Lindsey Graham for Senate		<b>Transaction ID:</b> 70731.E525 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 7</div> </div>
Mailing Address Po Box 1801		Amount of Each Disbursement this Period <div>3000.00</div>
City Columbia State SC Zip Code 29202-	Category/ Type <div>PRIMARY 08</div>	
Purpose of Disbursement PRIMARY 08		
Candidate Name LINDSEY OLIN GRAHAM		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Inhofe for US Senate		<b>Transaction ID:</b> 70731.E526 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 3 0 / 2 0 0 7</div> </div>
Mailing Address PO Box 13300		Amount of Each Disbursement this Period <div>5000.00</div>
City Oklahoma City State OK Zip Code 73113-	Category/ Type <div>PRIMARY 08</div>	
Purpose of Disbursement PRIMARY 08		
Candidate Name JAMES M INHOFE		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Pat Roberts for Senate		<b>Transaction ID:</b> 70731.E518 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 3 / 2 0 0 7</div> </div>
Mailing Address PO Box 433		Amount of Each Disbursement this Period <div>2000.00</div>
City Great Bend State KS Zip Code 67530-	Category/ Type <div>PRIMARY 08</div>	
Purpose of Disbursement PRIMARY 08		
Candidate Name PAT ROBERTS		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

10000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

<b>A. Team Sununu</b> Full Name (Last, First, Middle Initial) Mailing Address Po Box 500 City Rye State NH Zip Code 03870- Purpose of Disbursement PRIMARY 08 Candidate Name JOHN E SUNUNU Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: NH District: 00 Other (specify) ▼		<b>Transaction ID: 70731.E524</b> Date of Disbursement 06 / 30 / 2007 Amount of Each Disbursement this Period 5000.00 PRIMARY 08
<b>B. Elizabeth Dole Committee, Inc.</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 2918 City Raleigh State NC Zip Code 27602- Purpose of Disbursement PRIMARY 08 Candidate Name ELIZABETH DOLE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: NC District: 00 Other (specify) ▼		<b>Transaction ID: 70731.E522</b> Date of Disbursement 03 / 08 / 2007 Amount of Each Disbursement this Period 2000.00 PRIMARY 08
<b>C. Friends of Gordon Smith</b> Full Name (Last, First, Middle Initial) Mailing Address 228 S Washington Ste 115 City Alexandria State VA Zip Code 22314- Purpose of Disbursement PRIMARY 08 Candidate Name GORDON HAROLD SMITH Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General State: OR District: 00 Other (specify) ▼		<b>Transaction ID: 70731.E513</b> Date of Disbursement 06 / 22 / 2007 Amount of Each Disbursement this Period 1000.00 PRIMARY 08

**SUBTOTAL** of Disbursements This Page (optional) .....

8000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
The Hawkeye PAC

Full Name (Last, First, Middle Initial)

**A.** Friends of Gordon Smith

Mailing Address 228 S Washington Ste 115

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
PRIMARY 08

Candidate Name  
GORDON HAROLD SMITH

Office Sought: ☐ House  
☒ Senate  
☐ President

State: OR District: 00

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70731.E516

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

PRIMARY 08

Full Name (Last, First, Middle Initial)

**B.** Friends of Gordon Smith

Mailing Address 228 S Washington Ste 115

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
PRIMARY 08

Candidate Name  
GORDON HAROLD SMITH

Office Sought: ☐ House  
☒ Senate  
☐ President

State: OR District: 00

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 70731.E519

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

PRIMARY 08

Full Name (Last, First, Middle Initial)

**C.** National Republican Senatorial Committee

Mailing Address 425 Second Street Ne

City Washington State DC Zip Code 20002-

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☒ Other (specify) ▼

Other

**Transaction ID:** 70731.E527

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15000.00

CONTRIBUTION

**SUBTOTAL** of Disbursements This Page (optional) .....

19000.00

**TOTAL** This Period (last page this line number only) .....

48000.00